

*Validation Checklist*  
**1:1 ALS Program Orientation / Competencies**  
**Assisting with Cardiac Monitoring**

**NAME:** \_\_\_\_\_ **ID#** \_\_\_\_\_  
(Please Print)

**JOB POSITION:** \_\_\_\_\_ **INITIAL:** ☐ **ANNUAL:** ☐ **DATE:** \_\_\_\_\_

PROCEDURE			
Performance Criteria	YES	NO	Comments
Locate the cardiac monitor, patient cable, monitoring electrodes, EKG paper			
Apply electrodes to patient in appropriate location: Red - positive (L leg) White - negative (R arm) Black - ground (L arm)			
Attach monitor leads to patient and cable to cardiac monitor.			
Turn monitor on.			
Select appropriate lead (Lead 2)			
Run a rhythm strip.			
Identify and correct problems with recorder including running out of EKG paper. Change EKG paper as needed.			
Identify the "low battery" indicator and change the batteries as needed.			
May assist with placement of 12 lead EKG patches as needed.			

**Validator Attestation Statement:** *My signature below indicates that I have reviewed/validated each line item and that completion by the employee occurred on the date stated at the top of this document.*

**VALIDATOR NAME / SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Print Name & Sign)

- ☐ I understand the content and have completed the above competency assessment and verification process. I believe that I am a competent provider of this service as a result of training, experience and / or competency verification.
- ☐ I understand that I have not met the criteria needed to verify that I am competent provider of this service. I agree to participate in additional leaning activities as assigned in order to meet criteria.
- ☒ I also understand that this form will be kept in my education file and is available upon request.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_